



Village of Hampshire  
234 S. State Street, Hampshire, IL 60140  
Phone: 847-683-2181 ▪ www.hampshireil.org

## APPLICATION FOR LIQUOR LICENSE (Special Event License)

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

APPLICATN'S PHONE: \_\_\_\_\_

APPLICATNS EMAIL: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

SALES TAX ID: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EVENT NAME/TITLE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License, **Class G - Special Event**, as follows:

1. License Period:

Please attach a schedule that describes the days and hours of the event and the days and hours of liquor sales.

3. Type of Business Entity (check one):

Individual

Corporation

Partnership

Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

PERCENTAGE OF STOCK HELD:

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? \_\_\_\_\_

If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: \_\_\_\_\_

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. \_\_\_\_\_

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. \_\_\_\_\_

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government, or any municipality. \_\_\_\_\_

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. \_\_\_\_\_

9. Has the applicant ever had any previous liquor license revoked? \_\_\_\_\_

If answer is in the affirmative, state the date and reason for such revocation.

\_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? \_\_\_\_\_

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. \_\_\_\_\_

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? \_\_\_\_\_

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? \_\_\_\_\_

If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? \_\_\_\_\_

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession, or sale of alcoholic liquor? \_\_\_\_\_

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? \_\_\_\_\_

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? \_\_\_\_\_

18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives, or children, or any military or naval station? \_\_\_\_\_

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?  
\_\_\_\_\_

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?  
\_\_\_\_\_

